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**FACSIMILE TRANSMITTAL**

**Date:** July 11, 2006

To: Name/Company	Fax No.	Phone No.
USPTO Fax Center (Tech Ctr 1600, AU 1648) (Examiner Stacy Chen)	571-273-8300	

**From:** Sandy Livnat  
**Phone:** (202) 496-7845  
**Re:** USSN 09/879,572

**Number of Pages (including cover):** ~~31~~ (2)

**COMMENTS**

**Response and Amendment (due July 11, 2006)** (20 pgs)

**Petition for Extension of Time** (payment by Deposit Account) 1 pg

**Rule 132 Declaration of Dr. Arlene Ramsingh** (unexecuted) (9 pgs)

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JUL 11 2006

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on July 11, 2006, to the Group fax number: (671)273-8300 to the attention of Examiner Stacey Chen.

Shmuel Livnat

PTO/SB/22 (08-03)

## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

29025.0001

In re Application of Arlene RAMSINGH, et al.

Application Number

09/879,572

Filed

June 12, 2001

For: COXSACKIEVIRUS B4 EXPRESSION VECTORS AND USES THEREOF

Art Unit

1648

Examiner

Stacey Chen

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$	
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	1020.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$	

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 510.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0911

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 33,949

June 11, 2006

Date

(202) 496-7845

Telephone Number

Signature

Shmuel Livnat

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☒ Total of 1 forms are submitted.

PTO/SB/22 (08-03)

Approved for use through 7/31/2008. OMB 0651-0031

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